

Best Available Copy

Staple Issue Slip Here

POSITION	ID NO.	DATE
CLASSIFIER		5
EXAMINER		
TYPIST	7029	1/29
VERIFIER		
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

INDEX OF CLAIMS

Claim	Original	Date
1	1/23/88	
2	1/2/88	
3	1/2/88	
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		
21		
22		
23		
24		
25		
26		
27		
28		
29		
30		
31		
32	x	
33	y	
34		
35		
36		
37	y	
38		
39		
40		
41		
42		
43		
44		
45		
46		
47		
48		
49		
50		
51		

SYMBOLS

✓	Rejected
■	Allowed
(Through number)	Cancelled
+	Non-elected
N	Non-elective
I	Interference
A	Appeal
O	Objected

Claim	Original	Date
1	1/23/88	
2	1/2/88	
3	1/2/88	
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		
21		
22		
23		
24		
25		
26		
27		
28		
29		
30		
31		
32		
33		
34		
35		
36		
37		
38		
39		
40		
41		
42		
43		
44		
45		
46		
47		
48		
49		
50		
51		

(LEFT INSIDE)

REVIEWER

ATTACHMENT TO PAPER NO.
PTO COPY